Please type a plus sign (+) inside this box $\longrightarrow \overline{V_i}$

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1895, no persons are required to respond to a collection of Information unless it displays a valid OMB control number.

| Application Number | | |

· ·	Filing Date	
POWER OF ATTORNEY OR	First Named Inventor	FANTI. Luigi
-	Title	MULTICOMPONENT TILES AND A
AUTHORIZATION OF AGENT		METHOD FOR MANUFACTURING
		MULTICOMPONENT TILES
4	Group Art Unit	
	Examiner Name	
	Attorney Docket Number	P00830-U\$-01 (13030.0008)

Practitioners at Customer Number OR Practitioner(s) named below: Name Registration Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Place Customer Number Bar Code Label here
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Practitioners at Customer Number 22446 Practitioners at Customer Number
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. Place Customer Number Place Customer Number Bar Code Label here
United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number 22446 Practitioners at Customer Number
United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number 22446 Practitioners at Customer Number
United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number 22446 Practitioners at Customer Number
United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number 22446 Practitioners at Customer Number
United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number 22446 Practitioners at Customer Number
United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number 22446 Practitioners at Customer Number
Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number. OR Practitioners at Customer Number 22446 Practitioners at Customer Number
The above-mentioned Customer Number. OR Practitioners at Customer Number 22446 Practitioners at Customer Number
Practitioners at Customer Number 22446 Bar Code Label here
OR Practitioners at Customer Number
I.) Firm or Individual Name
Address
Address City State Zip
Country
Telephone Fax
I am the
Applicant/Inventory
Assignee of record of the entire interest. See 37 CRF 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assigner of Record
Name JOHN LAWLENCE LANTHOUSED S. GNAYOLY)
Signature 24/11/193
NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below.
✓ *Total of 1 - forms are submitted.

surden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comment the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. 1292413

Please type a plus sign (+) inside this box ->

REVOCATION OF POWER OF

ATTORNEY OR

PTO/SB/82 (10-00) Approved for uso through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

FANTI, Luigi

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Application Number Filing Date

First Named Inventor

Group Art Unit **AUTHORIZATION OF AGENT** Examiner Name Attorney Docket Number P00830-US-01 (13030.0008) I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application: A Power of Attorney or Authorization of Agent is submitted herewith: OR Please change the correspondence address for the above-identified application to: ☐ Customer Number Place Customer Number Bar Code OR Label here Firm or Individual Namo Address Address City State Zip Country Fax Telephone I am the: Γ... Applicant/Inventor. 区 Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record (ANTHORISED SIGNATURY) Name Signature NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Submit multiple forms if more than one signature is required, see below*.

✓ *Total of 1 forms are submitted.

		Under the Pape	PTO/88/26 (08-00) Approved for use through 10/312002 OMB 0651-0031 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE awark Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.
		i	STATEMENT UNDER 37 CFR 3.73(b)
Ap	plicant	/Patent Owner:	The Amtico Company Limited
			Filed/Issue Date:
Ent			NT TILES AND A METHOD FOR MANUFACTURING MULTICOMPONENT
_	<u></u>	Name of Assisnee)	, a United Kingdom Company (type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
slat	tes that		(Che or vestinger e.g. realisement humanist materials bacterials
ı.	<u>ਦ</u>	the assignee of the e	entire right, title and interest; or
2.		an assignce of less th	han the entire right, title, and interest; or
in t	he pate	nt application/patent	identified above by virtue of either:
A.	[]		n the inventor(s) of the patent application/patent identified above. The assignment United States Patent and Trademark Office at Reel 011937, Frame 0705, or for if attached.
OR	,		ι
В.	()	A chain of title from assignee as shown be	in the inventor(s), of the patent application/patent identified above, to the current clow:
	1.	From:	To:
			recorded in the United States Patent and Trademark Office at Reel, Frame or for which a copy thereof is attached.
	2.	From:	To:
			recorded in the United States Patent and Trademark Office at Reel, Frame or for which a copy thereof is attached.
	3.	From:	To:
			recorded in the United States Patent and Trademark Office at Reel, Frame or for which a copy thereof is attached.
	[]	Additional document	ts in the chain of title are listed on a supplemental sheet.
	[]	Copies of assignmen	its or other documents in the chain of title are attached.
	be sub		(i.e., the original assignment document or a true copy of the original document) must not Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in SEE MPEP 302.08.]
The	: under:	signed (whose title is	supplied below) is authorized to act on behalf of the assignee.
	_	24/12/03 Date	TOHN LAWRENCE (AUCHORISED SI LIMITORY) Typed or printed name
	~-	Telephone Numbe	- Collins
			Title Anthorney Signatory

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comment on the amount of time you are required to complete this form should be sent to the Chief Operating Officer, U.S. Putent and Trademark Officer, Washington. DC 2011. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SONO TO: Assistant Commissioner for Patents, Washington. DC 2011.

Norris, McLaughlin & Ma s, P.A.

220 East 42nd Street, 30th Floor New York, NY 10017 If each inventor understand nglish, the Declaration and Power of Attorney below is suitable for use when filing a regular patent application and also when entering the national stage, in the case of an International application designating the USA under the PCT.

COMBINED DECLARATION PATENT APPLICATION		ORNEY FOR	Attorney Docket No. 101619-4
As a below named inventor, I	hereby declare that:		
My residence, post office add	ress and citizenship are as	stated below next to my nam	ie.
I believe I am the original, fir			
first and joint inventor (if plus			
and for which a patent is sou			itiel which is claimed
und for winon a patent is sou	gut on the invention chime		
Multicomponent Tiles and a	Method for Manufacturin	ng Multicomponent Tiles	•
the specification of which (ch	eck one)		
is attached hereto	·		
/ was filed on	_March 8, 2001		
under Serial Number	09/801 403 and was	s amended on March 8, 2	001
	07/001,475 and was	(if appli	
		(II appli	caule).
I hereby state that I have revie including the claims, as amen	ewed and understand the co	ontents of the above-identifie ferred to above.	d specification,
T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
I acknowledge the duty to dis	close information which is	material to the examination	of this application in
accordance with Title 37, Cod	le of Federal Regulations,	Section 1.56.	
I list below any prior foreign	application(s) for patent or	inventor's certificate in resp	ect of which foreign
priority benefits are claimed u	nder 35 USC 119; and an	y prior foreign application(s)	for patent or inventor's
certificate in respect of which	such foreign priority right	s are not claimed and which	has a filing date before
that of any application in resp	ect of which such foreign p	priority benefits are claimed:	
Application Number	Country	Filing Date	Priority
		(day, month, year)	Claimed under
			35 USC 119
			YES: ✓
0005539.2	United Kingdom	9 March 2000	NO:
	8		YES:
			NO:
			YES:
			NO:
			- 1 10
I hereby claim the benefit und application(s) listed below.	er Title 35, United States (Code, §119(e) of any United	States provisional
A 1: 4: 3Y-		T	
Application No.		Filing Date	

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Bruce S. Londa (33,531) Lorimer P. Brooks (15,155) William R. Robinson (27,224) Kurt G. Brisco (33,141) William C. Gerstenzang (27,552) Robert A. Hyde (46,354) Davy E. Zoneraich (37,267) Mark A. Montana (44,948)

201	Family Name	First Given Name	Second Given Name
201	FANTI	Luigi	
	City of Residence	State or Foreign Country	Country of Citizenship
	Coventry	United Kingdom	United Kingdom
	Post Office Address 10 Maidevale Crescent	City .	State & ZIP/Country
	Styvechale	Coventry CV3 6FZ	United Kingdom
202	Family Name	First Given Name	Second Given Name
	City of Residence	State or Foreign Country	Country of Citizenship
	Post Office Address	City	State & ZIP/Country
203	Family Name	First Given Name	Second Given Name
	City of Residence	State or Foreign Country	Country of Citizenship
	Post Office Address	City	State & ZIP/Country
204	Family Name	First Given Name	Second Given Name
	City of Residence	State or Foreign Country	Country of Citizenship
	Post Office Address	City	State & ZIP/Country

205	Family Name	First Given Name	Second Given Name
	City of Residence	State or Foreign Country	Country of Citizenship
	Post Office Address	City	State & ZIP/Country
on information knowledge that both, under se	n and belief are believed to be at willful false statements and	erein of my own knowledge are true and true; and further that these statements the like so made are punishable by fine United States Code, and that such willful any patent issuing thereon.	were made with the
Signature of Inv	ventor 201	~	Date / Lo
			1 17101011
Signature of Inv	ventor 202		Date
			Date Date
Signature of Inv	rentor 203		
Signature of Inv Signature of Inv Signature of Inv	rentor 203		Date
Signature of Inv	rentor 203		Date Date